

1. CIR/DIST/ DIV. CODE Central Islip, NY	2. PERSON REPRESENTED Vladimir Antonio-Arevalo-Chavez		VOUCHER NUMBER 2/6/2025 1:16 pm		
3. MAG. DKT./DEF. NUMBER 22-cr-429	4. DIST. DKT./DEF. NUMBER 22-cr-429	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER U.S. DISTRICT COURT		
7. IN CASE/MATTER OF (Case Name) USA v. Arevalo-Chavez et al		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant	9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 (Capital) <input type="checkbox"/> D2 (Specify) <input checked="" type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency	EASTERN DISTRICT OF NEW YORK LONG ISLAND OFFICE	
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> See Indictment dated 9/22/2022					
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Louis Freeman Freeman, Nooter & Ginsberg 75 Maiden Lane, Suite 503 New York, NY 10038		12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Sabrina Shroff Appointment Date: 3/15/2023 (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input checked="" type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input checked="" type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. /s/ Joan M. Azrack Signature of Presiding Judge or By Order of the Court 2/6/2025 1/2/2025 Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CLAIM FOR SERVICES AND EXPENSES					
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.					
CAPITAL PROSECUTION		HABEAS CORPUS	OTHER PROCEEDING		
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	gg. <input type="checkbox"/> State Court Appearance	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay	
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	h. <input type="checkbox"/> Evidentiary Hearing	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of	
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	i. <input type="checkbox"/> Dispositive Motions	Certiorari to the U.S.	p. <input type="checkbox"/> Clemency	
		j. <input type="checkbox"/> Appeal	Supreme Court Regarding		
			Denial of Stay		
HOURS AND COMPENSATION CLAIMED			FOR COURT USE ONLY		
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
a. In-Court Hearings (RATE PER HOUR = \$)			0.00		
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR = \$)		0.00	0.00	0.00	
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION	
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		_____ <input type="checkbox"/> Supplemental Payment			
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED \$0.00	
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE	

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